STATE OF CALIFORNIA

DEPARTMENT OF ALCOHOL AND DRUG PROGRAMS

CAPACITY/WAITING LIST MANAGEMENT PROGRAM

USER MANUAL

FOR :

DRUG AND ALCOHOL TREATMENT ACCESS REPORT (DATAR)

PROVIDER WAITING LIST RECORD (WLR)

INCLUDES SUBSTANCE ABUSE AND CRIME PREVENTION ACT OF 2000 (SACPA)

CHANGES

REVISED NOVEMBER 2002

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I.   INTRODUCTION AND OVERVIEW OF THE CAPACITY/WAITING LIST MANAGEMENT PROGRAM

The Drug and Alcohol Treatment Access Report (DATAR) is the Department of Alcohol and Drug Programs (ADP) system to collect data on treatment capacity and waiting lists and is considered a supplement to the California Alcohol and Drug Data System (CADDS) client reporting system.   DATAR assists in identifying specific categories of individuals awaiting treatment and identifies available treatment facilities for these individuals.

Federal regulations require that each state develop a Capacity Management Program to report alcohol and other drug programs treatment capacity, to ensure the maintenance of the reporting, and to make that information available to the programs.   In carrying out this requirement, ADP established a Waiting List Management Program that includes a unique client identifier to document applicants who are not immediately admitted to a program due to lack of capacity. The Waiting List Management Program consists of two separate reports, the Waiting List Record (WLR) and DATAR.

II.   WHAT IS THE PROVIDER WAITING LIST REPORT (WLR)?

The WLR is an <u>optional</u> internal worksheet designed to help providers collect necessary information to complete their monthly DATAR form. It is suggested that the WLR be used during the intake process when an applicant is not placed in a program due to lack of capacity. The WLR information is recorded only for those individuals who cannot be placed in treatment because there is no space in the program. The information on the WLR is used at the end of the month to complete the DATAR form, which is then submitted to the Department.

There should be only one entry per applicant per request for treatment. If an applicant requests more than one type of treatment, the WLR should reflect only the service most needed or desired by the applicant. An applicant may be entered more than once ONLY if there is a removal date for any prior entries. (See page 4 for instructions on completing the WLR.)

NOTE: The WLR remains at the provider as it contains confidential information.

III.   WHAT IS THE DRUG AND ALCOHOL TREATMENT ACCESS REPORT (DATAR)?

DATAR has information on the program's capacity to provide different types of AOD treatment to clients and how much of the capacity was utilized that month. If the provider has a waiting list for publicly-funded AOD treatment services, DATAR includes summary information about the people on the waiting list.   These are the applicants who cannot be admitted due to the facility's lack of capacity.
(See page 7 for instructions on completing the DATAR.)

The monthly DATAR is submitted to ADP.   (See instructions on page 10 for submitting your report.)

IV.   **WHO MUST REPORT?**

All Alcohol and Other Drug (AOD) treatment providers that receive AOD treatment funding from ADP are required to submit the one-page DATAR form to ADP each month. In addition, Licensed Narcotic Treatment Programs and certified Drug Medi-Cal providers must report, whether or not they receive public funding.

In addition to those facilities listed above, all facilities that receive funding from the County for SACPA treatment services must also report their waiting list data.

ADP creates a master DATAR for each facility which includes the facility name, address, Provider ID number and county name. It is the facility's responsibility to make copies of this master and maintain a supply for the monthly submission of the report. ADP will provide a master WLR form to providers to make copies.

Contained within this manual are the instructions and samples of the forms to be used in complying with the reporting requirements.

The date to begin using the revised forms and manual is the July 2001 report month.   Prior versions of this form will be rejected.

V. DEFINITIONS

INJECTING DRUG USERS:

A person who is administering, or has administered within the past year, drugs by injection.

MEDI-CAL BENEFICIARIES:

Those persons who have been found eligible for Medi-Cal benefits by the County Social Services Department. Current eligibility can be proved via the presentation of the card, a sticker from the card with the current month appearing on it, or by accessing the Department of Health Services' Medi-Cal Eligibility Data System (MEDS).

PUBLIC FUNDS:

Public funds are those that are allocated to the county drug and alcohol program as well as certain county generated funds. These funds include (but are not necessarily limited to) State General (Perinatal and Parolee programs), federal SATP Block Grant, CSAT discretionary grants, county funds, federal Drug/Medi-Cal, and SB 920, SB 921, and Statham funds.

PUBLIC TREATMENT CAPACITY:

The maximum number of clients/participants who could be enrolled for alcohol or drug treatment at any one time, using the public funds available to this treatment provider by federal, state, and/or county government.

REQUEST FOR SERVICES:

The WLR information is only recorded for those individuals who would be placed in treatment but weren't because there wasn't space in a program. This means that the applicant has met all placement criteria. Since the date an applicant's name is entered on the WLR in Column 5 is the date of the Request for Service, this date would be the date that the assessment of the client's needs is completed and placement criteria have been met.

SLOT:

A "slot" is the capacity to provide treatment services to one individual. Total slots reflect the maximum number of individuals a provider can serve at any one time, given its complement of staffing and other resources. While not all treatment programs use the term "slot", they do have a capacity to treat only a limited number of individuals at one time. Slots should be counted in a manner similar to other capacity reporting mechanisms, such as the National Survey of Substance Abuse Treatment Services (NSSATS) formerly Uniform Facility Data Set (UFDS).

Methadone should be reported in terms of licensed slots; for all outpatient services, the capacity is the number of clients a provider can accommodate given available resources; residential services are reported in terms of the available beds. In other words, it is the static capacity that is being reported.

CalWORKs PARTICIPANTS:

California Work Opportunity and Responsibility to Kids (CalWORKs) participants who are waiting to receive substance abuse treatment.

TOTAL TREATMENT CAPACITY:

The maximum number of clients/participants who could be enrolled for alcohol and other drug treatment at any one time, using all sources of funds (public, Medi-Cal, 3rd party, client fees, etc.) allocated to this treatment unit.

UNIQUE IDENTIFIER (USED ONLY ON THE WLR):

The initials of the applicant in order of last name, then first name, the gender (1 for male or 2 for female) and the date of birth (using 2 digits each for month, day and year of birth). For example, if Mary Jones was born on May 12. 1950, she would be coded: JM2051250.

VI.   **INSTRUCTIONS FOR COMPLETING THE WAITING LIST RECORD (WLR)**

CADDS Provider Number

Enter your provider number and provider name. The provider number is the same number used for reporting your facility's CADDS and DATAR data. This number is issued by ADP and should be included in all correspondence regarding the WLR, DATAR or CADDS.

SECTION 1 - APPLICANT NAME, PHONE NUMBER, PUB FUND

Enter the names and the phone numbers of applicants who are waiting for a treatment slot to become available and cannot be admitted to treatment services due to lack of capacity.

If the individual is waiting for a publicly funded slot, place a check in the "Pub Fund" box. A person who is waiting for a publicly funded slot while paying for treatment should be entered on the WLR and reported on DATAR.

This identifying information is protected by federal confidentiality regulations and cannot be released without the applicant's permission (45 CFR, Part 2).

SECTION 2 - UNIQUE IDENTIFIER

Enter the first letter of the applicant's last name
Enter the first letter of the applicant's first name
Enter the gender of the applicant. Enter 1 for male or 2 for female
Enter the birth date for the participant as MMDDYY

For example, Mary Jones was born on May 12, 1950 and would be coded as JM2051250.

SECTION 3 – STATUS

Enter a check mark for each category that applies to the applicant. Leave the column blank if it does not apply:

Injecting Drug User (IDU): The applicant is currently administering drugs via injection or has administered drugs via injection within one year of the requested admission.

Pregnant Woman (PW): The applicant is pregnant at the time of request for admission.

Medi-Cal: The applicant has a Medi-Cal card, sticker, or other proof of Medi-Cal eligibility which would enable a Medi-Cal provider to immediately bill for covered services.

CalWORKs: The applicant is a CalWORKS beneficiary.

SACPA Court/Probation: The applicant is a SACPA funded referral through the court or probation system.

SACPA Parole: The applicant is a SACPA funded referral through the parole system.

SECTION 4 – SERVICE REQUESTED

Enter the code number for the type of service requested by the applicant or to which the applicant was referred:

1 = Non-residential Treatment/Recovery (ODF)
2 = Non-residential Treatment/Recovery with Methadone (OMM)
3 = Non-residential Detoxification with Methadone (OMD)
4 = Non-residential Detoxification - without Methadone (ODX)
5 = Residential Detoxification, Non-Hospital (RDX)
6 = Residential Treatment/Recovery (RDF)
7 = Non-residential Day Treatment/Recovery, Intensive Outpatient (DCDF)
8 = Other (e.g., hospital detoxification, jail, etc.)

5

SECTION 5 - DATE ENTERED ON WAITING LIST

Enter the date the applicant requested admission to a treatment program and such admission was denied due to lack of capacity.

SECTION 6 - DATE REMOVED FROM WAITING LIST

Enter the date the applicant was taken off the waiting list for any reason, and note the reason in column 9. The decision to delete an applicant's name from the list for reasons other than admission to a program must be made at the county or provider level. Each provider will have a procedure for contacting individuals on the waiting list and that procedure must include a policy as to when an applicant is removed from the WLR.

SECTION 7 - DAYS ON WAITING LIST

Calculate the number of days between the dates entered in columns 5 and 6 and post the result here. If the number of days exceeds 14, there should also be entries in the Interim Services column (column 8).

SECTION 8 - REFERRED TO INTERIM SERVICES

If the applicant was referred to interim services, post the date of referral here. A referral for any other service would not necessitate an entry in this column unless the referral included the minimum services required for Interim Services.

Interim services include counseling and education about HIV and tuberculosis (TB), the risks of needle-sharing, the risks of transmission to sexual partners and infants, steps that can be taken to ensure that HIV and TB transmission does not occur, and referral for HIV or TB treatment services. For pregnant women, interim services include counseling on the effects of alcohol and drug use on the fetus, as well as referral for prenatal care. If the applicant was referred to tuberculosis services, place a check mark in the TB column.

If the applicant is already in treatment but is waiting for an alternate treatment slot to become available, enter "in tx" in this section instead of a referral date.

SECTION 9 - REASON REMOVED FROM WAITING LIST

Enter the code number for the reason the applicant was removed from the waiting list:

1 = Admitted to this program
2 = Admitted to another program
3 = Applicant refused services
4 = Applicant failed to contact program to indicate continuing interest in admission
5 = Program attempted to contact applicant, no response
6 = Other (specify in Column 9)

SECTION 10 - COUNTY USE ONLY

Use to enter any additional information required at the county or provider level.

VII. **INSTRUCTIONS FOR COMPLETING THE DRUG AND ALCOHOL TREATMENT ACCESS REPORT (DATAR)**

SECTION A - GENERAL PROVIDER INFORMATION

Enter the program name, service location address, telephone number, contact person, the month and year to which the data submitted in this report applies (i.e. the "report month"), the provider number and the county name.

SECTION B - CAPACITY REPORT

LINE 1 - TOTAL TREATMENT CAPACITY:

Line 1 refers to total treatment capacity. Enter the <u>total treatment capacity</u> at this location by type of service. If a program has two or more types of service, then each entry must reflect the number of "slots" which can be provided in that service type at any given time. If the entries across the line were to be added, the result would be the <u>total</u> program capacity for alcohol and other drug treatment/recovery service at this location.

LINE 2A - PUBLIC TREATMENT CAPACITY - TOTAL

Enter the public treatment capacity at this location by type of service.

LINE 2B - PUBLIC TREATMENT CAPACITY - AVAILABLE OPENINGS END OF MONTH:

Enter, by type of service, the unused public treatment capacity at this location as of the last day of the month (e.g., how many publicly funded "slots" were empty).

LINE 3 - EXCEEDED 90 PERCENT OF PUBLIC CAPACITY:

For each service type, enter the number of days during the month that the program's enrollment exceeded 90 percent of its public treatment capacity. For example, if a particular service has 100 public treatment slots available at any given time, and if for 12 days of the report month there were 91 or more clients enrolled in these public treatment slots, then enter "12" in the appropriate service cell.

SECTION C - STATISTICAL REPORT

This section reports information regarding the individuals who requested admission but names were placed on a waiting list because the program had no available public treatment slots in the service requested. The data reported in this section should include the number of individuals that were already on the waiting list at the beginning of the month and the number of those added to the waiting list during the report month, regardless of their removal from the waiting list during the month.

LINE 4 - APPLICANTS ON WAITING LIST DURING MONTH - TOTAL NUMBER:

Enter, by service, the number of applicants that were on the waiting list at any time during the month.
Data source: All Waiting List Record (WLR) entries having a check in column 1 "Pub Fund" box, and either a blank or a date within the report month in WLR column 6.

LINE 5 - TOTAL NUMBER APPLICANTS ON WAITING LIST END OF MONTH:

For each service, enter the number of applicants still active on the waiting list as of the last day of the report month.

Data source: All Waiting List Record (WLR) entries having a check in column 1 "Pub Fund" box, and a blank in WLR column 6 on the last day of the report month.

LINE 6A - NUMBER OF APPLICANTS ADMITTED TO TREATMENT FROM WAITING LIST:

Enter the number of clients that were removed from the waiting list during the report month because of admission to treatment either at this program or another program.

Data source: All unduplicated WLR entries from column 2 with a check in column 1, "Pub Fund" box; AND a date within the report month in column 6;

AND code 1 (admitted to this program) or code 2 (referred to and admitted by another program) in column 9, Reason Removed From Waiting List.

LINE 6B - TOTAL NUMBER OF DAYS SPENT ON WAITING LIST:

For all applicants counted on line 6a, enter the total number of days they were active on the waiting list. The intent of the question is to determine the total days such applicants waited in all months.

Data source: For all applicants counted on line 6a; the sum of the number of days entered in column 7.

LINE 7A - NUMBER OF IDU ON WAITING LIST:

Enter, by service, the number of injecting drug user (IDU) applicants that were on the waiting list at any time during the month.

Data source: All WLR entries having a check in column 1 "Pub Fund" box; AND a check in column 3 "IDU" box AND either a blank or a date within the report month posted in column 6.

LINE 7B - NUMBER OF PREGNANT WOMEN ON WAITING LIST:

Enter, by service, the number of applicants on the waiting list at any time during the month that were pregnant.

Data source: All WLR entries having a check in column 1 "Pub Fund" box; AND a check in column 3 "PW" box; AND either a blank or a date within the report month posted in column 6 .

LINE 7C - NUMBER OF PREGNANT IDU ON WAITING LIST:

Enter the number of pregnant women in 7b, who were also Injecting Drug Users (IDU).
Note: This is the same as 7b, but limited to those whose column 3 status also contains a check in the "IDU" (injecting drug user) box.

LINE 7D - NUMBER OF MEDI-CAL BENEFICIARIES:

Enter, by service, the number of applicants on the waiting list at any time during the month who were Medi-Cal beneficiaries, regardless of whether the services requested are covered by Medi-Cal.

Data source: All WLR entries having a check in column 1 "Pub Fund" box AND a check in column 3 "Medi-Cal" box AND either a blank or the current month posted in column 6.

LINE 7E - NUMBER OF CalWORKS RECIPIENTS:

Enter the number of CalWORKS beneficiaries who were on the waiting list at any time during the report month.

Data Source: All WLR entries having an entry in column 1 "Pub Fund" AND an entry in column 3 "CalWORKS" AND either a blank or a date within the report month posted in column 6.

LINE 7F - NUMBER OF SACPA COURT/PROBATION REFERRALS:

Enter the number of SACPA Court/Probation Referrals on the waiting list at any time during the report month.

LINE 7G – NUMBER OF SACPA PAROLE REFERRALS:

Enter the number of SACPA Parole Referrals on the waiting list at any time during the report month.

VIII. **SUBMISSION OF REPORTS**

At the end of each month, the information contained on the WLR is used to complete the DATAR form, then submitted to the Department either directly or via the county. The WLR forms remain at the provider, as they contain confidential information. The DATAR report is to be sent to ADP by the 10th of the month following the report month. (e.g. The July 2001 report is due August 10th.)

ADP's preferred method of submitting your facility's monthly DATAR report is by FAX to:

<div align="center">

(916) 324-3021

</div>

NOTE: If you choose to FAX your DATAR report, please do not include a cover sheet and do not send an additional copy of the report through the mail.

If you are unable to FAX your report to ADP, you can mail the report to the following address:

<div align="center">

Department of Alcohol and Drug Programs
Data Management Services (DATAR)
1700 K Street
Sacramento, CA 95814

</div>

If you mail your DATAR report, mail it separately from CADDS or other reports.

The revised forms with "July 2001 Version" at the top are to be used effective with the July 2001 report month, due August 10th.

IF YOU HAVE ANY OF THE OLD DATAR FORMS, <u>PLEASE DESTROY THEM</u>. ANY REPORTS SUBMITTED ON THE OLD FORM AFTER JULY 2001 WILL NOT BE ACCEPTED.

IX. PROVIDER'S RESPONSIBILITIES

Providers are responsible for:

- the accuracy of the information reported on DATAR
- the timely submission of DATAR forms
- the maintenance of an adequate supply of forms
- the provision of constructive comments and suggestions for the improvement of the data collection documents

X. COUNTY'S RESPONSIBILITIES

Each county is responsible for:

- monitoring providers for compliance with the federal regulations
- assisting in the assurance of accurate reporting
- ensuring that all providers are aware of and comply with reporting requirements

Samples of the forms are shown on the following pages. The actual WLR is on legal size paper, but has been reduced in size to fit within this manual.

FOR ASSISTANCE WITH DATAR REPORTING, PLEASE CONTACT

THE DATA MANAGEMENT SERVICES SECTION AT (916) 327-5563.

DATAR (July 2001 Version)

State of California   **DRUG AND ALCOHOL TREATMENT ACCESS REPORT**   Department of Alcohol and Drug Programs (ADP)
Health and Welfare Agency   Data Management Services

Section A: **Provider Information** (Please Type)	
Program Name	Report Month and Year
Street Address	CADDS PROVIDER NUMBER
City ZIP	County
Contact Person	Telephone ( )

Please refer to Completion Instructions on the reverse of this form

Section B: Capacity Report	1 NRT/R	2 MAINT (METH/ LAAM)	3 NRDX METH	4 NRDX	5 RDX, NON HOSP	6 RT/R	7 NR DAY INTSV	8 OTHER
1. Total treatment capacity.								
2. a) Public treatment capacity:								
b) Available public treatment openings at end of month								
3. Number of days the program's census/enrollment exceeded 90 percent of public treatment capacity during the month								

All responses below apply only to applicants awaiting publicly-funded slots. If there was no waiting list, enter zeros

Section C: Statistical Report								
4. Total number of applicants on the waiting list *at any time* during the entire month……………………………………. *(include applicants carried over from prior months, along with applicants placed on or removed from the waiting list during the report month)*								
5. Number of applicants on waiting list *on last day* of report month………………………………………………								
6. Applicants admitted to treatment from the waiting list during the report month: *(reason code 1 or 2, WLR col. 9)* a) Number of applicants admitted to treatment								
b) Total number of days that applicants admitted to treatment spent on waiting list (sum of WLR column 7)								
7. Of total applicants in 4, how many were: *(NOTE: An applicant may be counted more than once.)* a) Injecting Drug Users (IDU)								
b) Pregnant women (PW)								
c) Pregnant/IDUs								
d) Medi-Cal beneficiaries								
e) CalWORKs recipients……								
f) SACPA Court/Probation Referrals								
g) SACPA Parole Referrals								

Program Director Signature_____**Date** _____

DATAR forms are due to ADP by the 10th of each month, ADP/ DMSS (DATAR), 1700 K Street, Sacramento, CA 95814. FAX (916) 324-3021

Type of Service Codes: NRT/R = Nonresidential treatment/recovery (ODF); MAINT (METH/LAAM) = Nonresidential treatment/recovery, with methadone or LAAM prescribed; NRDX, METH = Nonresidential detoxification, with methadone as a prescribed medication (OMD); NRDX = Nonresidential detoxification (without methadone) (ODX); RDX, NON HOSP = Residential detoxification in a non-hospital setting ; RT/R = Residential treatment/recovery (RDF); NR, DAY = Nonresidential day treatment/recovery, intensive outpatient (DCDF); OTHER = Other than the above settings includes hospital detoxification, jail setting, etc. ODF = Outpatient Drug Free; OMD = Outpatient Methadone Detox; ODX = Outpatient Detox (non-meth); RDX = Residential detox; DCDF = Day Care Drug Free

file: datar2001frm.doc (06/08/01)

State of California - Health and Welfare Agency
Retain at Program - Do not send to ADP

PROVIDER WAITING LIST RECORD

Department of Alcohol and Drug Programs

CADDS Provider Number: Provider Name:

1			2	3						4	5	6	7	8		9	10
Applicant Name	Phone	Pub Fund	Unique ID (Initials, Sex, Date of Birth)	Status (Check all that apply)						Service Requested	Date Entered on Waiting List (mmddyy)	Date Removed From Waiting List (mmddyy)	Days on Waiting List	Referred to Interim Services		Reason Removed From Waiting List	County Use Only
				IDU	PW	Medi Cal	Cal Works	SACPA Court/ Probation Referrals	SACPA Parole Referrals					Date (mmddyy)	TB		
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25.																	

PROVIDER WAITING LIST RECORD (WLR)
Completion Instructions

Column 1   <u>Applicant Name</u>: Enter the names (and optionally the phone numbers) of applicants who cannot be admitted to treatment services because program capacity is full, and who are waiting for a treatment slot to become available. If they are waiting for a publicly funded slot, place a check in the "Pub Fund" box (refer to the <u>Capacity Management User Manual</u> for a definition of public funds as well as detailed instructions for the entire form). NOTE: Identifying information on applicants is protected by Federal confidentiality regulations 145CFR. Part 2).

Note: If a person is waiting for a publicly funded slot while in a paid treatment slot, he/she should be reported on DATAR.

Column 2   <u>Unique ID</u>: Enter the initials of the applicant in order of last name, then first name, the gender (1 for male or 2 for female). and the date of birth (using 2 digits each for month, day and year of birth). For example, Mary Jones who was born on May 12. 1950, would be coded: JM2051250.

Column 3   <u>Status</u>: Check all that apply.

IDU: Place a check in this column if the applicant uses drugs by injecting them.

PW: Place a check in this column if the applicant is pregnant at the time her name is entered to the waiting list.

Medi-Cal: Place a check in this column if the applicant has a Medi-Cal card or sticker. which would enable a Medi-Cal provider to immediately bill for covered services.

CaIWORKs: Place a check in this column if the applicant is a CalWORKs recip ient.

SACPA Court/Probation Referral: Place a check in this column if the applicant is a SACPA Court/Probation Referral

SACPA Parole Referral: Place a check in this column if the applicant is a SACPA Parole Referral

Column 4   <u>Service Requested</u>:   Enter the code number for the type of service requested by the applicant or to which the applicant was referred.

1= Nonresidential Treatment/ Recovery (ODF)   5= Residential Detoxification, Non-Hospital (RDX)

2= Nonresidential Treatment/Recovery with Methadone   6= Residential Treatment/Recovery RDF

    (OMM)   7= Nonresidential Day Treatment/Recovery; Intensive

3= Nonresidential Detoxification with Methadone   (OMD)   Outpatient (DCDF)

4= Nonresidential Detoxification (ODX) (without   8= Other (e.g., hospital detoxification, jail, etc.)

    methadone)

Column 5   <u>Date Entered On Waiting List</u>: Enter the date the applicant was placed on the waiting list.

Column 6   <u>Date Removed from Waiting List</u>: Enter the date the applicant was taken off the waiting list for any reason and note the reason in column 9 (see column 9, below).

Column 7   <u>Days on Waiting List:</u> Calculate the number of days between the dates entered in columns 5 and 6 and post the result here.

Column 8   <u>Referred To Interim Services</u>: If the applicant was referred to interim services. Post the date of referral here, If the applicant was referred to tuberculosis services. Place a check mark in the TB column. If the applicant is already in treatment but is waiting for an alternate treatment slot to become available, post "in tx" in this column instead of a referral date.

Column 9   <u>Reason Removed from Waiting List</u>: Enter the code number for the reason the applicant was removed from the waiting list:

1 = Admitted to this program   4 = applicant failed to contact program to indicate continuing interest in admission

2 = Admitted to another program   5 = Program attempted to contact applicant, no response

3 = Applicant refused services   6 = Other (specify in column 9)

Column 10   <u>County Use Only</u>: Use to enter any additional information required at the County or Provider level.